

**COMMONWEALTH OF VIRGINIA**  
**Compliance Certification by Non-Participating Manufacturer**  
**(Yearly Escrow Deposit Made in 2017 for 2016 Cigarette Sales)**

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**Part 1: Tobacco Product Manufacturer Identification**

Full Legal Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

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**Part 2: Sales Year: 2016**

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**Part 3: Units Sold**

**Number of individual cigarettes** sold in the Commonwealth of Virginia, whether directly or through a distributor, retailer or similar intermediary or intermediaries, during the Sales Year, as measured by excise taxes collected by the Commonwealth on cigarette packs bearing the excise tax (revenue) stamp of the Commonwealth.

|                        |            |
|------------------------|------------|
|                        | Units Sold |
| Brand Family(s): _____ |            |

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**Part 4: Escrow Rates and Deposit Amounts**

For Sales Year: *(Use the per-cigarette escrow rate below to figure the total deposit amount, including inflation adjustment, in a single calculation):*

2016 sales: The rate per cigarette is ..... \$0.0327588.

|   |      |               |
|---|------|---------------|
| Deposit Total for 2016 Cigarette Sales:       | = \$ |               |
| (Units Sold x \$0.0327588 rate per cigarette) |      | Deposit Total |

**Note:** If Manufacturer is also depositing escrow based on RYO tobacco sales, add the total cigarette escrow deposit from above to the RYO tobacco escrow deposit total as indicated on Compliance Certification for RYO tobacco sales, and make **one combined deposit**, for cigarettes and RYO tobacco, to the escrow account.

- **Proof of deposit in the form of statement of account from Financial Institution and any amendments to the qualified escrow agreement must be attached to this Compliance Certification.**
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**Part 5: Financial Institution for Qualified Escrow Fund**

Agent: \_\_\_\_\_

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Escrow Account: \_\_\_\_\_

Commonwealth of Virginia (Sub)Account: \_\_\_\_\_

Cumulative Deposit Amount (all Sales Years) for sales in Virginia: \$ \_\_\_\_\_

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**Part 6: Affidavit of Tobacco Product Manufacturer (*must be executed by an authorized officer*)**

Under penalty of perjury, I state that the information contained in this Compliance Certification is true, correct and complete, and that I am a qualified company officer authorized to bind the Tobacco Product Manufacturer filing this Certification.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Notary:**

City/County of \_\_\_\_\_

Subscribed and sworn to before me on this date: \_\_\_\_\_

Signature: \_\_\_\_\_

My commission expires: \_\_\_\_\_

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**The Compliance Certification is due by April 30 of the year following the Sales Year.**

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**Mail fully executed Compliance Certification to:**

**Tobacco Enforcement Unit  
Office of the Attorney General  
202 N. 9<sup>th</sup> Street  
Richmond, Virginia 23219**

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